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TRANSMITTAL FORM		Application Number Filing Date First Named Inventor Art Unit Examiner Name	dion of information unless it displays a valid OMB control number. 10/605,988 11-12-2003 DANIEL J. WILKINSON			
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission			1-17812			
Amendme Af Af Extension Express A Information Certified of Documen Reply to I Incomplet	smittal Form ee Attached ent/Reply fter Final ffidavits/declaration(s) a of Time Request Abandonment Request on Disclosure Statement Copy of Priority	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	ddress REV CHA	Appea of App Appea (Appea Proprie Status Other below)	Illowance Communication to TC I Communication to Board eals and Interferences I Communication to TC I Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify: DN OF POA WITH NEW POA & F ADDRESS; STMT UNDER 37 ETURN CARD; CHECK	
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DONALD A. SCHURR

(Attorney/Agent)

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